Memo

Establishing a GND Approach to Public Health and Care

July 2023

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Climate and Community Project is a progressive climate policy think tank that mobilizes a network of leading academic and movement researchers in developing cutting-edge research at the climate-inequality nexus. We've produced multiple research briefs alongside movement and political partners including the Green New Deal for Public Schools, a New Era of Public Power, and High Roads to Resilience.

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MEMO

The nature and scale of the response to the climate crisis will be the determining factor in shaping the health of communities for generations to come. Climate breakdown drives socially-differentiated impacts on health, from more frequent global pandemics like COVID-19 to deteriorating air quality, reduced food availability, and increasing climate disasters including heat waves, droughts, extreme storms, and more.[1] As the planet enters a period of increasing climate chaos, the collective response will either deepen disparities or address the drivers of climate breakdown and health inequity together.

The healthcare industry itself is one of the most carbon-intensive sectors in the industrialized world and a key contributor to the climate crisis. US healthcare alone accounts for almost one-fourth of global health sector emissions, more than any other country.[2] While it is absolutely necessary to rapidly decarbonize, meeting zero emissions targets within existing systems is not sufficient. Health systems, workforces, governments, and communities must prepare for more health emergencies while also meeting expanded community needs. To do so in a way that remediates the harms of racism, cis-hetero-sexism, and ableism and actively promotes flourishing, health and care systems must be reclaimed from the profit motive, reoriented to prioritize the health and wellbeing of people and the environment, and rebuilt with the capacity to respond to overlapping crises at scale.

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1. Bezner Kerr, R., T. Hasegawa, R. Lasco, I. Bhatt, D. Deryng, A. Farrell, H. Gurney-Smith, H. Ju, S. Lluch-Cota, F. Meza, G. Nelson, H. Neufeldt, and P. Thornton, 2022: Food, Fibre, and Other Ecosystem Products. In: Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [H.-O. Pörtner, D.C. Roberts, M. Tignor, E.S. Poloczanska, K. Mintenbeck, A. Alegría, M. Craig, S. Langsdorf, S. Löschke, V. Möller, A. Okem, B. Rama (eds.)]. Cambridge University Press, Cambridge, UK and New York, NY, USA, pp. 713–906, doi:10.1017/9781009325844.007; Caretta, M.A., A. Mukherji, M. Arfanuzzaman, R.A. Betts, A. Gelfan, Y. Hirabayashi, T.K. Lissner, J. Liu, E. Lopez Gunn, R. Morgan, S. Mwanga, and S. Supratid, 2022: Water. In: Climate Change 2022: Impacts, Adaptation and Vulnerability. Contribution of Working Group II to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change [H.-O. Pörtner, D.C. Roberts, M. Tignor, E.S. Poloczanska, K. Mintenbeck, A. Alegría, M. Craig, S. Langsdorf, S. Löschke, V. Möller, A. Okem, B. Rama (eds.)]. Cambridge University Press, Cambridge, UK and New York, NY, USA, pp. 551–712, doi:10.1017/9781009325844.006.

2. Matthew Eckelman, Kaixin Huang, Robert Lagasse, Emily Senay, Robert Dubrow, and Jodi Sherman. "Health Care Pollution And Public Health Damage In The United States: An Update." *Health Affairs* 38, no. 12 (2020).

One major lesson from the COVID-19 pandemic is that no amount of preventable suffering and death is enough to compel policymakers to protect the most vulnerable. This lesson maps urgently onto the climate crisis, a global syndemic in which multiple social, environmental, and biological factors coincide to make health crises worse. As a syndemic, the climate crisis affects the health of all people, but particularly the health of marginalized and disadvantaged groups.[3] As demonstrated by the ongoing COVID-19 pandemic, some of the worst effects of crises are felt by people who already face barriers to accessing the services and protections, including people who are incarcerated, the elderly, people who are unhoused, disabled, undocumented, or people on the move – with further disparities of race, gender, and class.[4]

In the United States, race is a primary indicator of proximity to extreme heat, localized toxic air and water pollution, and environmental sacrifice zones. Black people have asthma rates that are nearly 20 percent higher than white people. Nearly half of Latino people in the United States live in counties where air quality does not meet EPA standards.[7] The effects of mining for energy transition minerals is concentrated within 35 miles of federally-recognized Indigenous land.[8] As the relationship between race and environmental health injustice grows stronger, continued reliance on acute and short-term responses is not only insufficient but deadly and counterproductive.[9]

From viral pandemics to heatwaves and food systems, public health is uncontained by borders. For a just transition to a decarbonized and climate-safe world, sacrifice zones cannot simply be offshored to the Global South—they must be comprehensively addressed from root causes to end results. The climate justice movement must plan and advance a comprehensive, Green-New-Deal-style approach to public health. An approach that builds a united constituency behind material improvements for the multiracial working class, while rapidly and justly decarbonizing. Otherwise, we risk doubling down on a future that largely mirrors the present, where only the wealthiest can buy relative wellness in a warming world.

Effective, just solutions to public health problems and inequalities require public ownership, democratic control, community self-determination, international solidarity, and full decarbonization – in other words, the remaking of US care and health systems. Today, these systems are characterized by extreme barriers, means testing, and the individualization of the consequences of inadequate investments in social services. "Health" itself is managed as a privatized good that individual consumers can purchase and possess instead of a stated and shared goal of society.

'Medicare for All' has been the defining health policy on the Left for decades. Currently, people show up in the health system with higher acuity/advanced sickness due to both environmental racism and an increasingly for-

3. Tarik Benmarhnia et al. "Review Article: Vulnerability to Heat-related Mortality: A Systematic Review, Meta-analysis, and Meta-regression Analysis." *Epidemiology* (Cambridge, Mass.) vol. 26,6 (2015): 781-93. doi:10.1097/EDE.0000000000000375; Anna Belova, Leo Goldsmith, Michael Greenwell, et al, "Future heat waves and heat-related deaths projected to increase in the Pacific Northwest," ICF, July 8, 2021, https://www.icf.com/insights/environment/pacific-northwest-heat-wave-analysis#:~:text=In%20addition%20to%20mortality%20from,side%20effects%20from%20certain%20medications.

4. Patricia J. Lopez and Abigail H. Neely, "Fundamentally uncaring: The differential multi-scalar impacts of COVID-19 in the US" *Social Science & Medicine*, March 2021, https://doi.org/10.1016/j.socscimed.2021.113707.

5. X. Wu, R. C. Nethery, M. B. Sabath, D. Braun, F. Dominici, Air pollution and COVID-19 mortality in the United States: Strengths and limitations of an ecological regression analysis. Sci. Adv. 6, eabd4049 (2020), J. Agyeman, D. Schlosberg, L. Craven, C. Matthews, Trends and Directions in Environmental Justice: From Inequity to Everyday Life, Community, and Just Sustainabilities. Annu. Rev. Environ. Resour. 41, 321–340 (2016), P. Mohai, D. Pellow, J. T. Roberts, Environmental Justice. Annu. Rev. Environ. Resour. 34, 405–430 (2009), N. Randolph, (2021). Pipeline Logic and Culpability: Establishing a Continuum of Harm for Sacrifice Zones. Frontiers in Environmental Science, 9, 652691. https://doi.org/10.3389/fenvs.2021.652691, Carolina L. Balazs and Isha Ray, 2014: The Drinking Water Disparities Framework: On the Origins and Persistence of Inequities in Exposure American Journal of Public Health 104, 603_611, https://doi.org/10.2105/AJPH.2013.301664

6. Office of Minority Health Resource Center, "Asthma and African Americans," *US Department of Health and Human Services*, February 17, 2023, https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=15.

7. Adrianna Quintero, Jorge Madrid, Valerie Jaffee, Elsa Ramirez, Andrea Delgado, "U.S. Latinos and Air Pollution: A Call to Action," *Natural Resources Defense Council*, September 2011, https://www.nrdc.org/sites/default/files/LatinoAirReport.pdf.

8. Samuel Block, "Mining Energy-Transition Metals: National Aims, Local Conflicts," *MSCI*, June 3, 2021, https://www.msci.com/www/blog-posts/mining-energy-transition-metals/02531033947.

9. Bullard, Robert D., Glenn S Johnson, and Angel O Torres. *Environmental Health and Racial Equity In the United States: Building Environmentally Just, Sustainable, and Livable Communities*. Washington, DC: American Public Health Association, 2011.

profit medical system with unaffordable out-of-pocket fees, hospital closures in communities with higher health needs, and a gamut of other modes of medical discrimination that inhibit people from seeking care until they can no longer wait or defer. Publicly financed, single payer universal health care is long overdue. Moreover, the social and political conditions needed to win Medicare for All – including a united and mobilized multiracial working-class constituency – are also required to enact transformative climate justice policy.

But achieving public health conditions that prevent physical and mental health problems from ever developing, and ensuring all people can flourish, cannot and will not occur in hospitals and clinics alone. **Both universal health care and investments in primary prevention are absolutely and urgently necessary.**

Public health interventions and primary prevention begin well before medical treatment. Often, by the time people interact with the medical system, they have already been denied a lifetime of opportunities for prevention. In 2020, only 3 cents of every dollar spent on health in the United States was on public health and prevention. Poor health outcomes and health disparities are entrenched through the siting of polluting systems, fossil fuel industries, and extractive industries, which create sacrifice zones that are disproportionately sited in marginalized, BIPOC, and working-class communities. Houselessness, mass incarceration, violence related to criminalization, and policing are examples of systems that continually fail to address peoples' needs, exacerbate existing health vulnerabilities, and directly harm people's health while also rendering them even more vulnerable to climate crises. Improving population and environmental health requires tackling structural determinants well beyond end-sites of care to build adaptive capacities and sustainable public health programs at the federal, state, and local levels.

One entry point to addressing these issues would be untangling the rampant financialization of the US health system and reordering it to incentivize improved qualities of life and community needs instead of capital accumulation. Profit-seeking investments in these systems – which have accelerated in the past three decades – not only harm patients but stand in the way of ensuring a health system that can withstand the social, economic, and infrastructural threats of the climate crisis. In recent decades, an increasing proportion of total US healthcare spending is heading towards financial investments instead of patient care, much less toward meeting climate goals.[10] In order for a just transition to zero emissions health systems, investments in the sector must be redirected to expand the care workforce, improve working conditions and wages, retrofit facilities, and decarbonize supply chains.

The growth imperatives imposed by the financial takeover of health systems fundamentally contradicts planetary boundaries and social and physical wellbeing, both of which require long-term investments in sustainable, democratically controlled infrastructure and services that prioritize quality care provision instead of corporate bottom lines. The health care workforce has experienced these transformations through increasingly unsustainable working conditions, like devalued wages, unsafe staffing ratios, and reduced abilities to practice their professions by providing the time, attention, and care patients need.

For patients themselves, critical services or even entire systems are disrupted or destroyed, with the greatest impacts felt by poor, rural, and BIPOC patients. Social services that contribute to improved long-term public health outcomes and community safety – like fully-funded education systems, access to green space and recreation, stable and healthy housing, neighborhoods with active and public transit options, and more – are defunded and dismantled. Meanwhile, the drive of ever-growing, short-term profit margins push healthcare costs higher and exclude more people from accessing services they need.

This shift away from long-term responsibility to communities and growing focus on profits instead of people has warped the US health and public health systems and rendered them ill-equipped to ensure the health, wellness, and well-being of working people facing the impacts of the climate crisis. Despite spending more per capita on health care than any other developed country – $4.3 trillion, or 18 percent of the US economy – health outcomes in the US are poorer in common health metrics like maternal and infant mortality, unmanaged diabetes, and unmanaged asthma.[11] In 2022, for the second year in a row, drops in life expectancy in the US reversed decades of improvement, with the greatest declines seen in the racial/ethnic groups most likely to be impacted by the climate crisis.[12] The richest country on earth's hospital system is characterized by

10. Private equity investments in the sector alone, that is non-publicly traded investment firms seeking to realize profits and extract value solely through the financial reorganization of a purchased company, went from $5 billion per year in 2000 to $100 billion per year in 2018 – representing a 20-fold increase.

11. Centers for Medicare & Medicaid Services, " National Health Expenditure Data - Historical," December 15, 2022, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/NationalHealthAccountsHistorical.

patients dying in emergency room hallways, nurses striking for staffing ratios that allow them to do their jobs safely, and waves of closures through rural, Black, and communities of color. Meanwhile, more than half a million people in the US file bankruptcy due to medical debt annually.[13]

Even as disasters become more frequent and intense, rent-seeking health care providers are not incentivized to invest in disaster-related weather emergency preparedness in their communities, such as buffering safety net sites like acute care hospitals, nursing homes, and other inpatient clinics with adaptive and protective investments. Failure to provide adequate shelter and services during climate disasters increasingly results in tragic and entirely avoidable outcomes.[14] Reversing these trends by decommodifying health and care is a matter of life or death.[15]

Instead of supporting childcare, elder and home care, or domestic and reproductive labor, current systems rely heavily on late-term medical interventions, houselessness, mass incarceration, and congregate settings as de facto sites of treatment, all of which contribute to the same privatized, racialized, profit-motivated systems that drive extractive economies and climate destruction. For example, nursing homes make up a large share of our long-term, congregate care sites of last resort. These settings share structural problems with old asylum systems as well as the broader carceral state. Moreover, nursing homes are increasingly being taken over by private equity firms and too often under-staff, underpay, and overwork majority women and immigrant workforces. Such settings are fundamentally ill-equipped to manage the cascading effects of health crises like the COVID-19 pandemic and climate disasters.[16]

The widespread use of nursing homes (and state prisons) to manage vulnerable populations speaks to the broader need for a green housing guarantee, an expanded and supported home care workforce, and a universal, single-payer system to cover long-term care. Furthermore, as the climate crisis drives more people to leave their homes, whether internally or across borders, the universality of protections for workers and support for communities regardless of citizenship status must already be in place. Home and community-based care, rather than exploitative congregate settings, are a public health service that must be addressed in a just climate policy agenda.

The current US health system often requires participation in the workforce to 'buy' medical care, resulting in a "medicine model of health" that largely excludes so-called gig workers, domestic workers, farmworkers, and other groups that are more vulnerable to health and climate shocks. This model should be flipped to recognize health as a public good. Pathways to a public health economy would require approaching "health" or wellness as a social goal much broader than "medical care," and establishing access to both medical care and health as delinked from "work." Such a system would also more effectively protect people from the worst effects of the climate crisis. This would mean, at minimum, investments in social housing and Housing First programs; alternatives to police as emergency first responders (such as skilled community health workers and in-person licensed health care providers with the knowledge and background to effectively respond); decriminalized and supportive responses to overdose, addiction, and the opioid crisis; fully funded community mental health support; stable, place-based funding for public community health workers; and a robust public health system, with funding

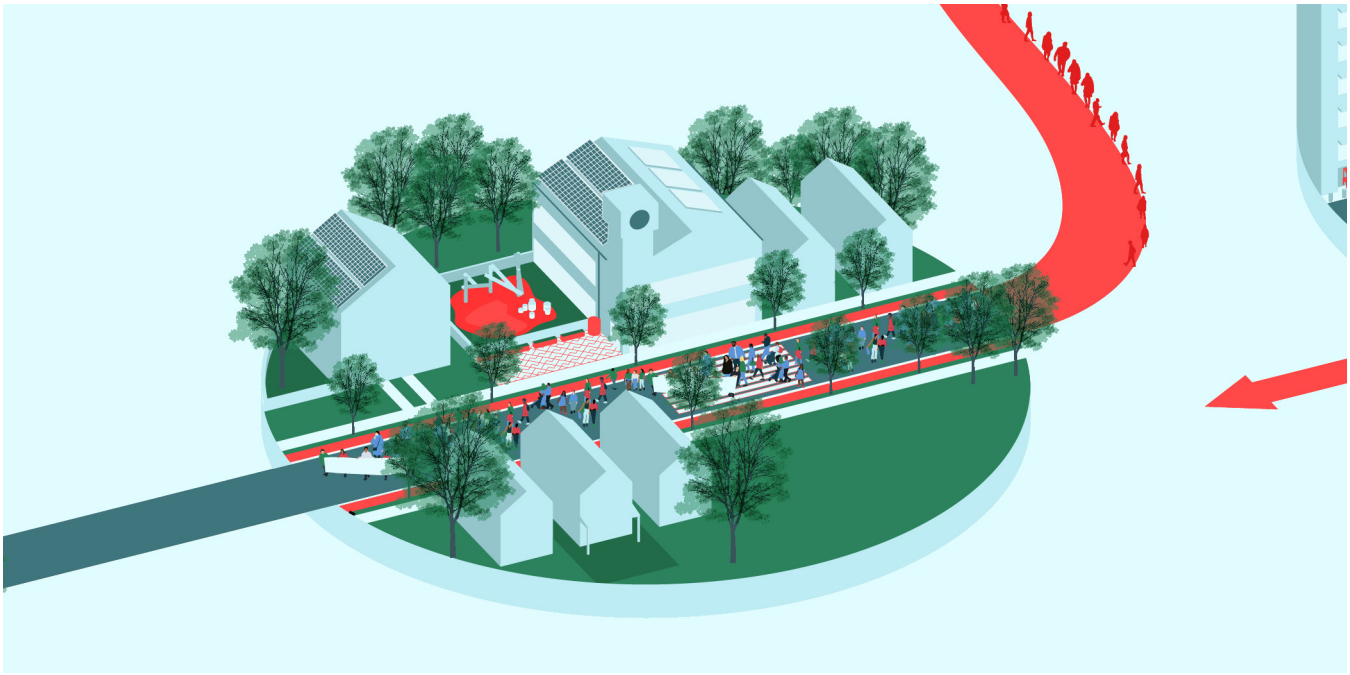
12. Centers for Disease Control and Prevention, "Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021," *National Center for Health Statistics*, August 31, 2022, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm.

13. David U. Himmelstein, Robert M. Lawless, Deborah Thorne, Pamela Foohey, Steffie Woolhandler, "Medical Bankruptcy: Still Common Despite the Affordable Care Act", *American Journal of Public Health* 109, no. 3 (March 1, 2019): pp. 431-433, https://doi.org/10.2105/AJPH.2018.304901.14

14. Stephanie Colombini, "Some nursing home residents are still displaced after Hurricane Ian," WUSF Public Media, October 6, 2022, https://wusfnews.wusf.usf.edu/health-news-florida/2022-10-06/some-nursing-home-residents-are-still-displaced-after-hurricane-ian; Michael Nedelman, "Eleventh death confirmed after Florida nursing home left without A/C," CNN Health, September 22, 2017, https://www.cnn.com/2017/09/20/health/florida-nursing-home-ninth-death/index.html; Adam Walser, "Hundreds of Tampa Bay area nursing homes, assisted living facilities still without backup power," ABC Action News, July 30, 2019, https://www.abcactionnews.com/news/local-news/i-team-investigates/hundreds-of-tampa-bay-area-nursing-homes-assisted-living-facilities-still-without-backup-power.

15. Tarik Benmarhnia et al. "Review Article: Vulnerability to Heat-related Mortality: A Systematic Review, Meta-analysis, and Meta-regression Analysis." Epidemiology (Cambridge, Mass.) vol. 26,6 (2015): 781-93, https://doi:10.1097/EDE.0000000000000375; Anna Belova, Leo Goldsmith, Michael Greenwell, et al, "Future heat waves and heat-related deaths projected to increase in the Pacific Northwest," ICF, July 8, 2021, https://www.icf.com/insights/environment/pacific-northwest-heat-wave-analysis.

16. Adam Dean, Jamie McCallum, Simeon D. Kimmel, "Resident Mortality And Worker Infection Rates From COVID-19 Lower In Union Than Nonunion US Nursing Homes, 2020–21," *Health Affairs*, Vol. 41, 5 (2022): 751-759, https://doi: 10.1377/hlthaff.2021.01687.



and educational opportunities that ensure that skilled care workers are representative of the communities they serve.

Furthermore, as climate disasters like heatwaves, wildfires, and flooding increase, they will have cascading effects on the acute and long-term health and wellbeing of more people and environments both within and across borders. US public health and disaster responses must shift away from their current reactive, stop-and-go funding model to invest in long-term comprehensive programs to ensure communities do not suffer from cycles of physical and mental health problems, debt, housing instability, and job loss. An economic system that centers a public health approach would require a full recognition of our interdependencies — not only to rapidly advance a just, green transition but also to mitigate the worst effects of the climate crisis.

A Green New Deal approach to public health expands and orients the horizons of health policy toward primary prevention by tackling structural determinants of health, the establishment of universal systems, and decarbonized social infrastructure that allows all people to thrive in a warming world. It does this by focusing on the community conditions and relationships that structure access to wellness and shifting the decisions made and labor performed under the social condition of having no better alternative. We see this work as the continuation of a long struggle for public health that currently and historically has been driven by struggle and organizing in workplaces and communities.[17] The inherently political story of public health in the United States has been formed by people demanding and creating resources for their own health and well-being – not one of illness and health mediated by a neutral system. The labor movement fought for and won workplace struggles for occupational health and safety regulations alongside life-affirming benefits like paid leave, subsidized worker vacations, shorter workweeks, and the abolition of child labor. HIV research and treatment was only made possible by the heroic work of gay and queer activists in formations like ACT UP! In many states, abortion access remains available only through mutual aid guided by principles of reproductive justice.

Taking on the climate crisis at scale requires ensuring all peoples' ability to thrive, by replacing today's extractive and exploitative systems with socialized investments in public health and care systems that implement public health as a public good in practice.

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17. Evelyn Nakano Glenn, "From servitude to service work: Historical continuities in the racial division of paid reproductive labor," Signs: Journal of women in culture and society 18.1 (1992): 1-43.; Premilla Nadasen, "Household Workers Unite: The Untold Story of African American Women Who Built A Movement," Beacon Press, 2015.; Dean Moses, "Workers rally outside of City Hall in protest of 24-hour workday," The Villager, May 1, 2023, https://www.amny.com/new-york/manhattan/neighborhoods/lower-manhattan/workers-rally-outside-city-hall-protest-24-hour-workday/.